

256582

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

APPLICATION FOR A CLASS C CHARTER  
CERTIFICATE FROM:  
ROBERT L. SETTLES dba:  
SETTLES SERVICES

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2015 - 183 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ROBERT L. SETTLES

Telephone: (864) 387-0942

Address: 802 SOUTH MINE ST.

Fax: (864) 852-6854

MC CORMICK, SOUTH CAROLINA 29835

Other: N/A

Email: r1settles@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☒ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: \_\_\_\_\_

RECEIVED  
MAY 14 2015  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

jos

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: May 7, 2015

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SOLE PROPRIETORSHIP (ROBERT L. SETTLES) dba Settles Services

802 SOUTH MINE ST.

Street Address of Applicant

SAME

Mailing Address of Applicant (if different from street address)

(864) 381-0942

Phone

(864) 852-6854

Fax

rlsettles@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

RECEIVED  
MAY 14 2015

PSC SC  
CLERK'S OFFICE

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month MAY Year 2015

### Assets:

Cash	# 13,000
Receivables	NONE
Real Estate	NONE
Buildings and Equipment (Net)	NONE
Motor Vehicles (Net)	# 22,000
Garage Equipment (Net)	NONE
Machinery and Tools (Net)	NONE
Supplies on Hand	NONE
Prepays and Other Assets	NONE
<b>Total Assets*</b>	# 35,000
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	NONE
Notes Payable	NONE
Mortgages Payable	1,500
Equipment Obligations	NONE
Accrued Salaries and Wages	NONE
Other Accrued Obligations	NONE
Other Liabilities	NONE
<b>Total Liabilities</b>	# 1,500
Capital Stock	NONE
Retained Earnings	NONE
<b>Total Equity</b>	0.00
<b>Total Liabilities and Equity*</b>	# 1,500

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 50.00 per Hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

OWN: 2002 LINCOLN LIMO STRETCH : PASSENGERS CAPACITY = 10

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
2 LINCOLN	2002 TOWN CAR	1L1FM81W227667945	05880

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

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Name of Applicant

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Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_ Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

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Name of Insurance Company

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Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

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Date

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Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

COPY TO INSURED



Auto | Home | Life | Business

04/28/2015

Robert Suttles  
 DBA Suttles Services  
 802 South Mine Street  
 McCormick, SC 29835

*Correct*  
**ROBERT SETTLES**

Quote #: 3825773

MC #: NONE

DOT #: NONE AT PRESENT

Re: Special Event Limousine Service

Insurance Company: Cypress Insurance Company (A subsidiary of Berkshire Hathaway Homestate)  
 Policy Term: To Be Determined

**Limousine Auto Liability & Physical Damage**

<u>Coverage</u>	<u>Limits</u>	<u>Premium</u>
Liability	\$1,000,000 Combined Single Limit (CSL)	\$ 1,098
Uninsured Motorist	\$ 100,000 Combined Single Limit (CSL) BIPD	\$ 76
Underinsured Motorist	\$ 100,000 Combined Single Limit (CSL) BIPD	\$ 76
Medical Payments	\$ 5,000	\$ 112
Physical Damage	See Below	\$ 421
• Comprehensive	\$ 7,000 Actual Cash Value - \$500 Ded.	
• Collision	\$ 7,000 Actual Cash Value - \$500 Ded.	

Total Annual Auto Premium: \$ 1,783

This quote is presented by: Roger Boggs

**TOTAL ACCOUNT PREMIUM - \$ 1,783.00**

*100 years*

### Quote is Based on the Following Rating Information

- Description of units to be scheduled on policy

	<u>Radius</u>
1. 2002 Lincoln 120" Stretch      S# 1L1FM81W22Y667945	75 Miles
- Driver Information

<u>Name</u>	<u>Date of Birth</u>	<u>License #</u>	<u>Experience</u>	<u>Accident/Violation</u>
Robert <del>Settles</del> Settles			NEW	NONE

**\*\*IMPORTANT NOTICE: ALL NEW DRIVERS HIRED DURING THE POLICY TERM MUST BE IMMEDIATELY REPORTED TO THE INSURANCE COMPANY. FAILURE TO REPORT MAY RESULT IN TERMINATION OF YOUR POLICY. REPORT ALL NEW DRIVERS TO LAWRENCE & BROWNLEE AGENCY**

### ITEMS REQUIRED TO BIND COVERAGE

1. Signed Acceptance of Quote (See Below)
2. Completed Signed UM/UIM Selection forms
3. Signed Public Auto Application (attached)
4. Minimum required down payment of \$357.00 (See Direct Bill Options form attached)

\*Coverage is bound the date signed documents and premium is received by Lawrence & Brownlee Agency

### QUOTE ACCEPTANCE / BIND REQUEST

This is to certify that I, Robert Settles (owner/principal)

of Settles Services (Legal business name)

have reviewed coverage, limits, and terms provided in the foregoing quote proposal. I agree to

accept the coverage, limits, and terms as outlined and request coverage to be bound accordingly

effective 05/05/2015 by signing this acceptance form and paying the required premium of

\$ 357.00.

Robert L. Settles  
Signature of Owner/Principal

05/05/2015  
Date



**Exhibit Fit, Willing, and Able (FWA)**

ROBERT L. SETTLES

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Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith. YES.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Robert L. Butler

Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Aiken )

SWORN TO BEFORE ME

This 7 day of May, 2015

Lena B. Bennett  
Notary Public

Commission Expires

5-23-16

